



*Town Clerk  
34 Broadway  
Rockport, MA 01966*

## DOG LICENSE REGISTRATION

**M.G.L. Ch 140, Sec 137, requires all dogs, six (6) months of age or older, be licensed. All dogs must be licensed by May 1 of each year. A \$5 late fee will be applied for each month after due date.**

In order to license your dog(s) we will need:

1. A copy of a valid rabies certificate & certificate of spaying/neutering. Your certificate will be mailed back to you along with tag.
2. A fee of **\$10** per dog if your dog has been spayed or neutered.
3. A fee of **\$16** per dog if your dog has not been spayed or neutered.
4. This form must be filled out **completely (please print)**.
5. If you are renewing by mail an additional **\$1.00 processing fee** is required.

Complete form below and include your check payable to the **Town of Rockport**. We will mail the tag(s) back to you as soon as possible. If you prefer to come to the Town Clerk's office, please stop by during normal business hours which are: Mon, Wed, and Thu 8-4, Tue 8-6 and Fri 8-1.

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

### DOG 1

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

PLEASE CHECK ONE: Male: \_\_\_\_ Female: \_\_\_\_ Neutered Male: \_\_\_\_ Spayed Female: \_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Due Date of Next Rabies: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DOG 2

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

PLEASE CHECK ONE: Male: \_\_\_\_ Female: \_\_\_\_ Neutered Male: \_\_\_\_ Spayed Female: \_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Due Date of Next Rabies: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DOG 3

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

PLEASE CHECK ONE: Male: \_\_\_\_ Female: \_\_\_\_ Neutered Male: \_\_\_\_ Spayed Female: \_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_ Due Date of Next Rabies: \_\_\_\_/\_\_\_\_/\_\_\_\_